

JAN 30 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 09/844,175
Filing Date April 27, 2001
Inventorship Warren M. Farnworth et al.
Assignee Micron Technology, Inc.
Group Art Unit 2829
Examiner R. Kobert
Customer No. 021567
Confirmation No. 4157
Attorney's Docket No. MI22-1703
Title: Removable Electrical Interconnect Apparatuses and Removable Engagement
Probes

Mail Stop Fee Amendment
Commissioner for Patents
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6. Interview Summary

Dated: 1/30/06By: 

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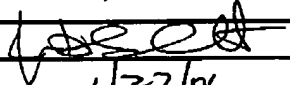
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/844,175
	Filing Date	April 27, 2001
	First Named Inventor	Farnworth et al.
	Art Unit	2829
	Examiner Name	R. Kobert
Total Number of Pages in This Submission	Attorney Docket Number	MI22-1703

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO-1449; Interview Summary.
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	James D. Shauratte, Reg. No. 39,833 Wells St. John, P.S.	
Signature		
Date	1/27/06	

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: January 30 2006		
Typed or printed	Natalie King	
Signature		Date 1/30/06

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JAN 30 2006

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
1130.00**Complete if Known**

Application Number 09/844,175

Filing Date April 27, 2001

First Named Inventor Farnworth et al.

Examiner Name R. Kobert

Art Unit 2829

Attorney Docket No. MI22-1703

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John, P.S.
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- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
43 - 20 or HP = 2	x	50.00 = 100.00
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
7 - 3 or HP = 3	x	200.00 = 600.00
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		
	Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x = Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS; Terminal Disclaimer; Req. for Ext.

Fees Paid (\$)
\$430.00**SUBMITTED BY**

Signature

Registration No. 39,833
(Attorney/Agent)

Telephone 509-624-4276

Name (Print/Type) James D. Shaurette

Date 1/27/06

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